

# VOS File Eligibility & Verification Checklist

## File Checklist

Name \_\_\_\_\_ SS# \_\_\_\_\_

ITEM	VERIFICATION
<b>* Social Security Number</b> <input type="checkbox"/> Documentation <b><u>Must</u></b> be in File	<input type="checkbox"/> DD-214 Report of transfer or discharge <input type="checkbox"/> Driver's License (if SS# is on license) <input type="checkbox"/> Employment Records <input type="checkbox"/> IRS form Letter 1722 <input type="checkbox"/> Letter from Social Services Agency <input type="checkbox"/> Pay Stub <input type="checkbox"/> SS Benefits Letter/Notice <input type="checkbox"/> SS Card issued by SSA <input type="checkbox"/> W-2 Form <input type="checkbox"/> UI Records
<b>Address</b> <input type="checkbox"/> Documentation in File <input type="checkbox"/> Visually Viewed <input type="checkbox"/> N/A	<input type="checkbox"/> Local WIA does not verify address <input type="checkbox"/> Voter registration card <input type="checkbox"/> Computer Print-out from Government Agency <input type="checkbox"/> Driver's License <input type="checkbox"/> Food Stamp Award Letter <input type="checkbox"/> Homeless - Primary Nighttime Residence <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Insurance Policy (Residence & Auto) <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Lease <input type="checkbox"/> Letter From Social Service Agency or School <input type="checkbox"/> Library Card <input type="checkbox"/> Medicaid/Medicare Card <input type="checkbox"/> Phone Directory <input type="checkbox"/> Property Tax Record <input type="checkbox"/> Postmarked Mail Addressed to Applicant <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Rent Receipt <input type="checkbox"/> School Identification Card <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Utility Bill <input type="checkbox"/> Applicant Statement with Corroborating Witness <input type="checkbox"/> Other (specify): _____
<b>* Date of Birth &amp; Age Verification</b> <input type="checkbox"/> Documentation <b><u>Must</u></b> be in File	<input type="checkbox"/> Baptismal Record (if Date of Birth is Shown) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214, Report of Transfer or Discharge <input type="checkbox"/> Public Assistance/Social Service Agency Records <input type="checkbox"/> Federal, State or Local Government ID Card <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Passport <input type="checkbox"/> Drivers License <input type="checkbox"/> Other (specify): _____
<b>* Selective Service Status</b> <input type="checkbox"/> Documentation <b><u>Must</u></b> be in File <input type="checkbox"/> N/A	<input type="checkbox"/> Telephone Verification (1-847-688-6888) <input type="checkbox"/> DD-214 Report of Transfer or Discharge <input type="checkbox"/> SS Registration Record (form 3A) <input type="checkbox"/> SS Verification Form <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> Internet <a href="http://www.sss.gov">www.sss.gov</a> <input type="checkbox"/> SS Registration Card <input type="checkbox"/> SS Advisory Opinion Letter <input type="checkbox"/> WIA/State Registration Process

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<p><b>* Citizenship/Alien Status</b></p> <p><input type="checkbox"/> Documentation <b><u>Must</u></b> be in file</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Baptismal Certificate Indicating Place of Birth</li> <li><input type="checkbox"/> Original or Certified Copy of Birth Certificate with Official Seal</li> <li><input type="checkbox"/> DD-214 Report of Transfer or Discharge from U.S. Military Indicating Place of Birth</li> <li><input type="checkbox"/> Other Hospital Record of Birth Indicating Place of Birth</li> <li><input type="checkbox"/> Certificate of Naturalization (INS form N-550 or N-570)</li> <li><input type="checkbox"/> U.S. Passport (unexpired or expired)</li> <li><input type="checkbox"/> Tribal or Bureau of Indian Affairs Affidavit or Tribal Certificate of Indian Blood</li> <li><input type="checkbox"/> Certificate of U.S. Citizenship (INS Form N-560 or N-561)</li> <li><input type="checkbox"/> Arizona Driver's License/Arizona State I.D. Card</li> <li><input type="checkbox"/> U.S. Citizen I.D. Card (INS Form I-197)</li> </ul>
<p><b>* Right To Work</b></p> <p><input type="checkbox"/> Documentation <b><u>Must</u></b> be in file</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Unexpired Foreign Passport with I-155 Stamp or Attached I-94 w/valid Employment Authorization</li> <li><input type="checkbox"/> Alien Registration Receipt Card with Photo (INS Form I-151 or I-551)</li> <li><input type="checkbox"/> Unexpired Temporary Resident Card (INS Form I-688)</li> <li><input type="checkbox"/> Unexpired Employment Authorization Card (INS Form I-688A)</li> <li><input type="checkbox"/> Unexpired Re-Entry Permit (INS Form I-327)</li> <li><input type="checkbox"/> Unexpired Refugee Travel Document (INS Form I-571)</li> <li><input type="checkbox"/> Unexpired Employment Authorization Document (INS Form I-688B) w/photo</li> <li><input type="checkbox"/> U.S. Social Card Issued by the SSA (cannot state "not valid for employment")</li> <li><input type="checkbox"/> Certification of Birth Abroad Issued by the Department of State (Form FS-545 or DS-1350)</li> <li><input type="checkbox"/> ID Card for use of Resident Citizen in the U.S. (INS Form I-179)</li> <li><input type="checkbox"/> U.S. Passport (unexpired or expired)</li> <li><input type="checkbox"/> Certificate of U.S. Citizenship (INS Form N-560 or N-561)</li> <li><input type="checkbox"/> Certificate of Naturalization (INS Form N-550 or N-570)</li> <li><input type="checkbox"/> Original or Certified Copy of Birth Certificate with Official Seal</li> <li><input type="checkbox"/> Other Hospital Record of Birth Indicating Place of Birth</li> <li><input type="checkbox"/> Baptismal Certificate Indicating Place of Birth</li> <li><input type="checkbox"/> DD-214 Report of Transfer or Discharge from U.S. Military Indicating Place of Birth</li> <li><input type="checkbox"/> Tribal or Bureau of Indian Affairs Affidavit of Birth or Tribal Certificate of Indian Blood</li> <li><input type="checkbox"/> U.S. Citizen ID Card (INS Form I-197)</li> <li><input type="checkbox"/> Arizona Driver's License/Arizona I.D. Card</li> <li><input type="checkbox"/> Other (specify): _____</li> </ul>
<p><b>* Disability Status</b></p> <p><input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file</p> <p><input type="checkbox"/> N/A</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from Drug or Alcohol Rehabilitation Agency</li> <li><input type="checkbox"/> Medical Records</li> <li><input type="checkbox"/> Physician's Statement</li> <li><input type="checkbox"/> Psychiatrist's Statement</li> <li><input type="checkbox"/> Psychologist's Diagnosis</li> <li><input type="checkbox"/> Sheltered Workshop Certification</li> <li><input type="checkbox"/> Workers' Compensation Record</li> <li><input type="checkbox"/> Veteran's Administration Letter/Records</li> <li><input type="checkbox"/> Vocational Rehabilitation Letter</li> <li><input type="checkbox"/> Observable and/or Obvious Conditions</li> <li><input type="checkbox"/> Psychiatrists Diagnosis</li> </ul>

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<b>* Dislocated Worker</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Cat 1: Separation Notice <input type="checkbox"/> Cat 1: UI Records <input type="checkbox"/> Cat 2: WARN Notice or Letter of Authorization from the State WIA Administration Department <input type="checkbox"/> Cat 2: Documentation of "General Announcement" <input type="checkbox"/> Cat 3: Receipt of Notice of Foreclosure or Intent to Foreclose <input type="checkbox"/> Cat 3: Proof of failure of the farm, business or ranch to return profit during the preceding 12 months <input type="checkbox"/> Cat 3: Entry of Individual into Bankruptcy Proceedings <input type="checkbox"/> Cat 3: Inability to make payments on loans secure by tangible business assets <input type="checkbox"/> Cat 3: Inability to obtain capital necessary to continue operations <input type="checkbox"/> Cat 3: A debt-to-asset ratio sufficiently high to be indicative of the likely insolvency of the farm, ranch or business <input type="checkbox"/> Cat 3: Other events indicative of the likely insolvency of the farm, ranch or business <input type="checkbox"/> Cat 4: Is verified in Barriers - Displaced Homemaker
<b>* Youth - Below School Grade</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> School Records <input type="checkbox"/> Below grade level for age based on staff review <input type="checkbox"/> Application statement or attestation
<b>* High School Graduation</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> School Records <input type="checkbox"/> Attendance <input type="checkbox"/> Drop-out Letter <input type="checkbox"/> Applicant statement or attestation
<b>* Displaced Homemaker</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Divorce Decree <input type="checkbox"/> Death Certificate of Spouse <input type="checkbox"/> Self Certification
<b>* Homeless</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Written statement from shelter <input type="checkbox"/> Written statement from an individual providing temporary residence <input type="checkbox"/> Written statement from Social Service Agency <input type="checkbox"/> Self Certification
<b>* Runaway</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Written statement from Social Service Agency <input type="checkbox"/> Written statement from an individual providing temporary residence <input type="checkbox"/> Written statement from shelter <input type="checkbox"/> Self Certification
<b>* Offender</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Police Records <input type="checkbox"/> Court Records <input type="checkbox"/> Half-Way House Resident <input type="checkbox"/> Letter of Parole <input type="checkbox"/> Letter from Probation Officer <input type="checkbox"/> Applicant Statement (limited cases) <input type="checkbox"/> Individual subject to any stage of the criminal justice process - Youth (14-21)
<b>* Parenting Youth</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> School Program for pregnant teens <input type="checkbox"/> Medicaid Card <input type="checkbox"/> Physician's Note <input type="checkbox"/> Referrals from Official Agencies <input type="checkbox"/> Statement from Social Service Agency <input type="checkbox"/> School Records <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Record of Birth <input type="checkbox"/> Applicant Statement/Self Attestation (limited cases) <input type="checkbox"/> Medical Records <input type="checkbox"/> Child's SSN

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<b>* Basic Skills Deficiency</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Copy of any generally accepted standardized test <input type="checkbox"/> School record of reading and/or math skills determined within the past 12 months of application or <input type="checkbox"/> Other indication that he applicant cannot read sufficiently to complete forms and/or indicating applicant has math skills below the ninth grade level
<b>* Substance Abuse</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Applicant Statement <input type="checkbox"/> Other (specify): _____
<b>TANF</b> <input type="checkbox"/> Documentation in file <input type="checkbox"/> N/A	<input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Copy of Authorization to Receive Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Refugee Assistance Records <input type="checkbox"/> Public Assistance I.D. Card showing Cash Grant Status <input type="checkbox"/> Copy of Verification from DES Inquiry Center
<b>Supplemental Security Income</b> <input type="checkbox"/> Documentation in file <input type="checkbox"/> N/A	<input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Public Assistance ID Card showing Cash Grant Status <input type="checkbox"/> Statement from Social Services Agency <input type="checkbox"/> Agency Award Letter <input type="checkbox"/> Copy of Verification from DES Inquiry Center
<b>Refugee Cash Assistance</b> <input type="checkbox"/> Documentation in file <input type="checkbox"/> N/A	<input type="checkbox"/> Public Assistance Records/Printout <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Statement from Social Services Agency <input type="checkbox"/> Agency Award Letter <input type="checkbox"/> Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Verification from DES Inquiry Center
<b>General Assistance</b> <input type="checkbox"/> Documentation in file <input type="checkbox"/> N/A	<input type="checkbox"/> Public Assistance Records/Printouts <input type="checkbox"/> Copy of Public Assistance Check <input type="checkbox"/> Medical Card Showing Cash Grant Status <input type="checkbox"/> Statement from Social Services Agency <input type="checkbox"/> Agency Award Letter <input type="checkbox"/> Authorization to Receive Cash Public Assistance <input type="checkbox"/> Copy of Verification from DES Inquiry Center
<b>Food Stamp Assistance</b> <input type="checkbox"/> Documentation in file <input type="checkbox"/> N/A	<input type="checkbox"/> Individual applying must be listed on current grant or on the grant within the last 6 months <input type="checkbox"/> Letter from Food Stamp Disbursing Agency <input type="checkbox"/> Public Assistance Records/Printouts <input type="checkbox"/> Copy of Verification from DES Inquiry Center <input type="checkbox"/> Letter from Tribal Commodity Program
<b>* Foster Child</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Court Documentation <input type="checkbox"/> Verification of Payments mad on behalf of the Child <input type="checkbox"/> Written Statement from State/Local Agency
<b>* Pell Grant</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Student Aid Report <input type="checkbox"/> Letter from School <input type="checkbox"/> Copy of Check <input type="checkbox"/> Other (specify): _____

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<b>* Family Size</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Public Assistance/Social Service Agency Records <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Decree of Court <input type="checkbox"/> Disabled <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Landlord Statement <input type="checkbox"/> Lease (if family size is given) <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Medical Card <input type="checkbox"/> Public Housing Authority (if resident or on waiting list) <input type="checkbox"/> Written Statement from Publicly Supported 24 Hour Facility <input type="checkbox"/> Most Recent Tax Return <input type="checkbox"/> Self-Certification w/witness Signature (if no other verification provided) <input type="checkbox"/> Native American Tribal Document <input type="checkbox"/> Social Security Numbers
<b>* Family Income</b> <input type="checkbox"/> Documentation <b><u>MUST</u></b> be in file <input type="checkbox"/> N/A	<input type="checkbox"/> Alimony Agreement <input type="checkbox"/> UI Documents and/or Printout <input type="checkbox"/> Award Letter from Veterans Administration <input type="checkbox"/> Bank Statement (direct deposit) <input type="checkbox"/> Compensation Award Letter <input type="checkbox"/> Court Award Letter <input type="checkbox"/> Employer Statement/Contact <input type="checkbox"/> Business Financial Records <input type="checkbox"/> Housing Authority Verification <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Pension/Annuity Statement <input type="checkbox"/> Public Assistance Records <input type="checkbox"/> Quarterly Estimated Self Employed Tax (Schedule C) <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Applicant Statement (limited cases)
<b>Displaced Homemaker Adult (TANF)</b> <input type="checkbox"/> Documentation in file <input type="checkbox"/> N/A	<input type="checkbox"/> Statewide - Letter from Department of Social Services

\* = Required fields